

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-015608

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **215**

VS 300
Rev. 4/59

17005

27005

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94200

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12 1-0

13 1-0

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED MAY 8 1962**

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Independence**

Length of stay in 1b
23 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Independence Hospital**

Inside Limits
Yes ☒ No ☐

c. CITY OR TOWN **Independence**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1327 Ralston

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
CHRISTIE L. SANDERS

4. DATE OF DEATH Month Day Year
April 28 1962

5. SEX **Female**

6. COLOR OR RACE **White**

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **7/23/1896**

9. AGE (last birthday) **65**

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

James C. Martin

13b. MOTHER'S MAIDEN NAME

Nannie Meese

14. NAME OF HUSBAND OR WIFE

Homer W. Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT **Homer W. Sanders Independence Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Myocardial Infarction with
rupture of Left Ventricle
arteriosclerotic heart disease**

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arterial hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1957** to **Present** and last saw her alive on **4/27/62**
Death occurred at **2:05 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. B. Hallen

(Degree or title)

22b. ADDRESS

**110906 W. 1st St.
Independence, Mo.**

22c. DATE SIGNED

4/30/62

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify city)

Burial

23b. DATE

April 30-62

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

23d. LOCATION (City, town, or county)

Kansas City

STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

K.C.

25. DATE RECD. BY LOCAL REG.

4-30-62

26. REGISTRAR'S SIGNATURE

Alta L. Craig

Floral Hills Mem. Chapels Inc. Mo.

Blue Ridge & Gregory

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1962

10901 Williams Road
Newport News, Virginia
10901 Williams Road
Newport News, Virginia

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. M. Jones

Licensed Embalmer No. 3453

P. O. Address K.C. Jones

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.